

THE SOCIETY OF THE NEW YORK HOSPITAL



*Created by Royal Charter in 1771
In The Reign of King George III*

Payne Whitney Psychiatric Clinic

and

Related Psychiatric Service



ANNUAL REPORT

1939

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New York, N. Y.



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THE NEW YORK HOSPITAL



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IN THE REIGN OF GEORGE III

Department of Psychiatry



Payne Whitney
Psychiatric Clinic
and.
Interdepartmental
Psychiatric Service



ANNUAL REPORT
1939

The Society of the New York Hospital

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ENTRANCE VIEW TO CLINIC BUILDING

ANNUAL REPORT

DEPARTMENT OF PSYCHIATRY

To the Board of Governors of the New York Hospital:

GENTLEMEN:

We have the honor of presenting herewith the report of the Department of Psychiatry in New York for the year ending December 31, 1939. The material is arranged in five major divisions and includes details regarding (1) In-Patient Service; (2) Out-Patient Service; (3) Social Service; (4) Psychiatric Service to the General Hospital; and (5) Educational and Investigative Activities. Appended to the report is a series of statistical tables which may be of interest.

PAYNE WHITNEY PSYCHIATRIC CLINIC

1. IN-PATIENT SERVICE

Data in Regard to Admissions The number of resident patients receiving treatment during the year was approximately ten per cent less than in 1938. In contrast to this, however, patient days in the Clinic totalled 25,575, almost 2,000 more than the year before, and the highest yearly patient day census since the opening of the Clinic. Of the two hundred ninety-two patients under treatment this year, 216 were new admissions (149 women, 67 men); 26 patients were readmissions. The average daily census for the year was 70, again higher than in any previous year. Approximately one-third of this daily census represented male patients. The smaller proportion of male patients is in keeping with the number of requests received for admission, as shown by the fact that of the 447 applications filed during the year only 30.5 per cent were for male patients. As a result of this persistent trend, floor units originally assigned for male patients were again occupied by women.

Patients are referred to the Clinic for resident treatment from numerous sources. The majority are recommended by physicians in private practice. However, unless an acute emergency exists, a brief summary of the patient's problem is ordinarily obtained from a responsible relative or friend before a decision is made as to the patient's acceptability. There are several practical reasons for this policy. In the first place, the treatment resources of the Clinic are organized primarily for the care of patients who may be expected to respond satisfactorily to therapy after a reasonable period of residence. Furthermore, the limited accommodations for classification make it somewhat difficult always to provide an appropriate setting for the diverse clinical reactions so common to psychiatric practice. This means that there are periods when the semi-convalescent or convalescent floors may have vacancies when the sicker floors have none, or, the

situation may be reversed. The practical significance of this is shown by the fact that throughout the year 36 women and 10 men were not admitted because there were no accommodations available for the treatment of their particular type of reaction.

Another point in relation to the policy of reviewing a case before admission is based on the well-recognized principle that a part of psychiatric treatment is affiliated closely with the development of social and group responsibilities. Many patients are over-sensitive, self-absorbed, or have exaggerated feelings of inadequacy and inferiority. The gradual resolution of these personality traits to the stage where the individual begins to feel more at ease with his associates requires, from the beginning, some common determinants in background and educational interests.

A review of the patient's history before admission is also important in order to avoid misunderstandings as to the nature and purpose of a psychiatric clinic. Patients adjust much more promptly to the necessary restrictions and definite routine of the Clinic if they have a good understanding before admission as to how a psychiatric hospital necessarily differs from the various services of a general hospital. Furthermore, patients often come to a psychiatric department with ingrained suspicions and certain apprehensions as to the nature of the care and treatment provided, so that a frank preliminary review of what the situation represents is needed to allay these fears.

It is also necessary to point out that the Clinic is not privileged to accept committed patients, so that for the most part the patients have to be clear enough mentally to accept hospital care voluntarily, at least after a thirty-day period.

Finally, the economic question has to be settled before admission. This is important because many relatives have little appreciation of the period of time which needs consideration in the treatment of nervous and mental disorders.

Costs, therefore, have to be considered in terms of several weeks or even months of treatment rather than for a few days or a week or two, as is usually the case when a patient enters a general hospital service.

As in previous years a limited number of patients have been admitted for diagnosis only, leading to recommendations as to future care and treatment, while another group were accepted particularly because they presented clinical problems of specific interest for teaching and research.

A statistical classification of the mental reactions of all patients admitted has been recorded as in former years. However, the diagnosis of a personality disorder is not as conclusive and definite as relatives of patients often expect, particularly in patients suffering with what might be called functional conditions. A diagnostic grouping does indicate in a general way the type of patient under treatment, but it does not take into consideration the multiple factors involved in a nervous or mental illness (see Table II. of Appendix for statistical grouping).

Of those admitted in 1939, 74 patients had a manic depressive illness, 45 were classified as schizophrenics, 28 belonged to the psychoneurotic group, and 11 had an involutional melancholia. These four groups, combined, represented 73 per cent of the total admissions. Ten patients were treated for acute episodes developing upon a background of life-long emotional instability. Fourteen others with similar personality reactions had problems related to alcohol or other toxic factors. Numerous applications for the admission of alcoholic patients were received, but unless a contributing nervous or mental problem was apparent, the cases were declined. A total of 12 was admitted, seven of whom had a definite psychosis associated with alcohol, while the others presented neurotic elements as important features in the clinical problem.

Certain other statistical data give a good cross-section of the type of patient treated in the Clinic. The average age of those admitted during 1939 was 38.4 years, there being very little variation between men and women. Nineteen of the patients were minors, including one 13 years old, another 14 years old, and five others sixteen years of age. One hundred nine patients, or 50 per cent of the group, had at least a partial or complete high school education, while 92 patients (42 per cent) had attended or graduated from colleges or universities. Eight of the first admissions were still students.

As in previous years, the occupations of the patients were mainly business or professional in character. Among these were 15 business executives, 11 teachers, 18 secretaries or office employees, and several each from the medical, dental, and legal professions. The responsible relatives of those without a regular occupation came from similar groups. Approximately 36 per cent of the women, and 46 per cent of the men were single, while 13.8 per cent of the total group were either widowed, separated, or divorced.

*Data in Regard
to Discharged
Patients* During the year 213 patients, including 144 women and 69 men, were discharged. The average duration of their residence in the Clinic was 108 days, almost three weeks longer than the average residence in 1938. This extended period of treatment for a smaller number of admissions accounts for the increase in patient days in the Clinic, and is probably related to the fact that more patients remained in the Clinic during the semi-convalescent and convalescent phases of their illnesses than in previous years. It is to be noted, however, that approximately 26.3 per cent of the patients discharged remained in the Clinic only one month or less. The majority of these cases either had brief, borderline conditions or left the Clinic against advice.

Of the patients discharged 133, or approximately 63 per cent, left the Clinic with relatives or friends, while 26 others left the Clinic unaccompanied. Twenty-nine patients left the Clinic to go to the Westchester Division of the New York Hospital at White Plains, where the treatment facilities, including many outdoor activities, are more appropriate for patients whose convalescence is apt to be prolonged. Twenty-three other discharged patients entered selected private or public institutions for further treatment. The number of patients discharged directly to their homes, against advice, was somewhat lower than in previous years. This would indicate that relatives of patients have gained a better understanding of personality disorders, and have been inclined to accept the advice of the physicians as to the serious consequences, including the possibility of suicide, if hospital treatment is interrupted too soon.

Three patients died in the Clinic during the year, from physical causes existent previous to admission.

The results obtained from treatment are in keeping with those shown in former years. Of the 213 patients discharged, 168, or 78.8 per cent, had received substantial benefit. A number of those who required further treatment returned to their referring physicians in private practice, while others, who had no family physician, returned to the Clinic at intervals, for follow-up treatment.

Treatment The nature and significance of the treatment provided a resident psychiatric patient is often intangible and uncertain to the average relative or friend of the patient. This is understandable when one considers the many factors that require evaluation in the patient's total problem. As already emphasized, patients are accepted in the Clinic who seem likely to respond to therapy. However, the treatment provided is not directed to symptoms of his illness particularly, but more especially to the indi-

vidual's total somatic and psychological organization. In other words, the patient and his symptoms are treated together, and not as isolated problems.

A brief description of the various units that, working together, represent organized treatment may be of interest.

Physical Studies Immediately after admission each patient has a thorough physical examination by an assigned resident psychiatrist. This initial examination is followed by special and detailed studies by attending physicians from other departments of the New York Hospital. During the year the attending internists completed 216 routine physical examinations, together with 80 medical consultations or re-examinations. Toward the end of the year a full-time internist, who joined the staff in October, collaborated with these physicians. An obstetrician and gynecologist, from the Women's Clinic of the New York Hospital, examined 126 women, directing appropriate treatment for those who were found to have pathological conditions. The otolaryngologist made routine ear, nose, and throat examinations of 192 patients, while the ophthalmologist made 176 eye examinations. For the most part, these various examinations complete a thorough check of the patient's physical condition, but this somatic approach, early in the patient's residence in the Clinic, is not sharply divided from other studies and treatment. That it is closely integrated with patients' total problems is shown by the fact that various physical factors, causing or aggravating the mental disturbances, were often found. The correction of these defects modified the intensity and course of the patient's mental disorder in numerous cases.

Clinical Laboratory During the year the work in the laboratory, carried out by a full-time technician, increased. With the exception of Wassermann reaction tests and certain highly specialized studies, which were

carried out in the general laboratories of the main hospital, all clinical laboratory work was performed by our technician. Over 4,000 examinations were made, representing an increase of 25% over last year.

Dental Service The special dental department in the Clinic has continued under the direct supervision of Dr. Sniffen, attending the Clinic two half-days a week. In addition to his services, a full-time dental hygienist provided dental prophylaxis and dental hygiene instruction for the majority of the patients. It should be emphasized that the type of dental service rendered in a psychiatric hospital is much more exacting and specialized than in general dental practice, as much tact, understanding, and skill are required on the part of the dentist and dental hygienist working with patients not only generally distressed and over-sensitive, but often specifically disturbed in mood and behavior.

Throughout the year over 700 patients' visits were made to Dr. Sniffen, and over 800 visits to the dental hygienist. Although the charges for dental work are ordinarily considered as extra charges, numerous patients with limited finances have been studied and treated at low costs, or without charge. This work represented a further contribution on the part of the Clinic toward improving the patient's physical and mental condition.

Psychotherapy Although in a general way some aspects of psychotherapy play a part in the relationship of the patient with all members of the Clinic personnel, the more highly developed and formal application of this treatment is provided by the psychiatrist. As already noted, at the time of admission each patient has an assigned physician who is responsible for the collecting and organizing of the various data required in outlining and developing the treat-



A SMALL DETAIL OF THE GARDEN WALK

ment. One includes in these data not only the patient's somatic history but a detailed study of his family life and background, personality development, and the numerous factors which may represent remote or recent personality influences contributing to the illness.

The psychiatrist spends regular periods of time with his patients collecting these facts, but early in the process an emotional relationship develops, usually designated as rapport, which is quite important to understand if the patient is to obtain satisfactory help in working out different symptom-complexes which are part of his total reaction. Throughout the patient's stay in the Clinic, his personality is reviewed systematically, and the various forces which may have played a part in his illness are analyzed and worked over, eventually leading to an understanding and insight on the part of the patient, which leads to improvement or recovery.

In addition to the above individual work with the patient by an assigned psychiatrist, the medical staff of the Clinic is organized as a group for treatment purposes. This formal organization of staff activities includes three staff meetings weekly, at which time a patient's illness is reviewed in detail, the patient himself often attending such a conference for therapeutic purposes. In addition to this arrangement the Psychiatrist-in-Chief makes daily rounds with the assigned physicians, who also have regular conferences with the Medical Director. In this way the many details of administrative and therapeutic responsibilities relating to the care and treatment of the resident patients are brought together, not only as a maximum benefit to the individual patient but to the patient group as a whole.

Nursing Service There were times during the year when it was difficult to adhere to our policy of employing graduate psychiatric nurses only, as a number of the nursing personnel left to take advanced positions in

other psychiatric hospitals, while others, particularly from the older group, desired a change of environment. In selecting new nurses one has to consider not only the basic training but the individual's personality, which is perhaps more important with patients with nervous and mental disorders than in any other field of nursing.

In her daily association with the patients the nurse contributes much toward the adjustment of the group, as represented in patterns of natural behavior and healthy thinking. Established treatment procedures, including therapeutic wet packs and prolonged baths, increased during the year, requiring many hours of the nurses' time and attention. However, the nursing assignments to the various floors were so organized that outside special nurses were only rarely required.

During the year 43 students from the School of Nursing of The New York Hospital received a four months' affiliating course in psychiatric nursing, while nine graduate nurses had the usual eight-months' post-graduate course.

*Dietary
Service*

The preparation and service of food for psychiatric patients is closely related to other forms of treatment. As the majority of the patients are up and about daily, and pursue a routine of activity over an extended period of time, they require a more substantial and varied diet than the average bed patient. Furthermore, as food and eating habits often are connected closely, psychologically, with the patient's illness, it is often essential to do a certain amount of discriminate catering. For this reason some luxuries and out-of-season foods have been provided. Over 79,000 meals were served by the dietary department during the year, including 2,300 meals provided the 18 children in the Nursery School.

Work in the special diet kitchen showed an increase over the previous year. The majority of the 19 types of diets

prepared there were high-caloric, high-vitamin, obesity, and soft diets. A daily average of 67 specially-planned diets and extra nourishments was served from this kitchen.

In addition to the regular meals, the dietary department prepared and served collations for numerous extra functions. These included nine evening dances and 23 afternoon teas for patients, some of the latter being held in the garden during the summer months. Twenty-eight birthday cakes made for resident patients were accompanied by extra service appropriate to the occasion, giving pleasure not only to the particular patient but to others who shared in the birthday parties. Refreshments were also served from the dietary department at several professional meetings held in the Clinic during the year.

Occupational Therapy Occupational therapy has continued to be an important treatment facility in the Clinic. The studios in which classwork is carried on differ in furnishing, color, and general atmosphere from the regular floors. This in itself represents a change of environment which diverts the patient's attention from himself to new things, and provokes his interest and natural curiosity. Although the work is chiefly manual in character, participation in the various craft activities is a stimulating experience, helping to release tensions and inhibitions and encouraging objective concentration. Oftentimes the first return to self-esteem and confidence in one's own ability takes place in the occupational rooms when the patient begins to create some personal object, such as weaving a scarf or making a pewter ash tray, these articles being useful as well as attractive.

Throughout the year over 1,100 classes were held in the studios, and approximately 3,500 articles were made there by the patients. In addition to the work in the special rooms, almost 3,000 visits were made on patients' floors by the occu-

pational teachers, giving preliminary instruction to recent admissions, to those not comfortable enough to attend the regular classes, or to those who desired to continue occupational work already started in the studios.

As in previous years, students from the general hospital, taking the affiliating course in psychiatric nursing, received instruction in occupational therapy. These students gain an insight into the value of this type of therapy by doing the practical work under the direction of the occupational personnel.

Physical Therapy This form of treatment includes hydrotherapy and massage, and various types of light and heat treatments. The department for women is directed by two half-time physiotherapists; the men's department is managed by a full-time director, who is also responsible for the physical education and recreation for male patients.

Over 5,500 hydrotherapeutic treatments, approximately 2,500 heat and light treatments, and over 1,200 individual massage treatments were provided by this group during the year. It should be noted that these types of therapy are independent of the therapeutic packs and prolonged baths administered by the nurses.

Physical Education and Recreation Included in this type of therapy are the various group activities, as well as the individual attention given selected patients. For the most part the work is carried on in the well-equipped gymnasium and play-rooms on the eighth floor, although considerable attention is given to patients on the resident floors. As in the past, lack of separate facilities for men and women patients has required careful arrangement of schedules, and wherever practical, joint classes were held for the more comfortable

patients. Approximately 900 regular classes were held during the year under the supervision of three full-time recreational therapists, and almost 20,000 gymnastic exercises, calisthenics, and group and individual games were tabulated. Badminton, pool, billiards, and table tennis were some of the more popular games. During the summer an opportunity became available for our patients to use the outdoor tennis courts, which had been built by The New York Hospital for its personnel. This opportunity for a selected group of patients to spend some hours outdoors in healthful activity represents an important addition to the regular recreational facilities of the Clinic.

In addition to the specific group activities, throughout the year a weekly program of social recreation, including moving pictures, dances, teas, lectures, and concerts was arranged for the patients. These activities provided an opportunity for the patients to develop or renew social habits and group relationships, of importance in restoring personal confidence and lessening tendencies to seclusiveness or over-inhibitive behavior.

Regular visiting hours are arranged three days a week for relatives and friends, and unless an emergency exists it is necessary to confine visiting to these hours to avoid interruption of the patient's daily treatment schedules. However, the extent of visiting is shown by the recorded total of over 10,200 visits for the year.

Patients who were improved or convalescent continued the custom followed in previous years of visiting outside the Clinic, often for weekends at home. The time and extent of these visits are based upon the opinion of the physicians as to their therapeutic value. As a general rule it is several weeks before a patient is considered ready to take advantage of such visits. The wisdom of being cautious in this respect is borne out by the fact that no undue complication or serious

accident occurred to patients making visits away from the Clinic throughout the year.

2. OUT-PATIENT SERVICE

The same general policy has been maintained as in previous years. Patients, referred by psychiatric consultants of the in- and out-patient services of the general hospital, by physicians in private practice, and by social agencies and schools, are examined by a senior psychiatrist. Suitable patients are selected for special treatment. The remaining cases are referred to other psychiatric hospitals or an adjustment of their difficulties is attempted in a few consultations.

During the year, 500 adults and 163 children were admitted. The total number of patients treated was 834 adults and 233 children. In an out-patient department, where time-consuming psychiatric treatment is carried out, the number of patients is necessarily limited. Therefore the total number of patients' visits gives the true picture of the medical activity. During the year the total number of visits of adults and children was 6,228. Three hundred eighty (57 per cent) of the patients were referred from the general hospital. Of this group, 147 came from the Medical Out-Patient Department and 140 from the Pediatric Out-Patient Department. Physicians in private practice sent 111 patients, or 17 per cent of the total. Medical organizations, social agencies, and schools referred 172 patients (26 per cent). These figures correspond fairly closely to those of last year, except for a drop in the admission of children.

*Children's
Division* During the last few years, it became obvious that our children's service was in need of re-organization. Through the educational efforts of two full-time psychiatrists in the Pediatric Out-Patient Department, the pediatricians have become increasingly

aware of the need of psychiatric treatment for children and frequently for their parents. In order to facilitate the relationship of the Pediatric and Psychiatric Out-Patient Departments, Dr. LaMar has assumed charge of the entire psychiatric children's division. Through his five-years' service as Psychiatrist to the Pediatric Out-Patient Department he is especially well qualified to outline the policies of the selection of patients suitable for psychiatric treatment. The psychiatrists in the Pediatric Out-Patient Department now assume the same role as the psychiatrists assigned to the Medical Out-Patient Department. These psychiatrists examine patients with personality disorders, consult with the respective clinicians, and outline the treatment. The goal is to teach pediatricians and internists the methods of psychiatric examination and therapeutic procedure which should not be considered as belonging only to the specially trained psychiatrist. Patients who need specialistic treatment are referred to the Psychiatric Out-Patient Department. Treatment in the Psychiatric Out-Patient Department, whether it be with children or with adults, may be intensive, covering a long period of time, and with primary emphasis on the direct contact of psychiatrist and patient. In some cases, a more indirect form of treatment is indicated, either through attempts at giving relatives a better understanding of the patient, or through changes in environment or education. The help of well-trained psychiatric social workers is essential for effective treatment. Other patients need relatively brief treatment. In the aiding of these patients in particular the social worker must participate. It was therefore considered important to appoint an additional social worker to be assigned entirely to the children's division.

Every day a psychiatrist attends the Medical and the Pediatric Out-Patient Departments. Eight hundred forty-five patients were examined and treated in 1,247 visits in the Medical Out-Patient Department, and 197 children in 362

visits in the Pediatric Out-Patient Department. All these figures need to be considered for the evaluation of the activities of the Out-Patient Department. In total, therefore, 1,876 patients received psychiatric treatment in 7,837 visits in the Psychiatric and other Out-Patient Departments of The New York Hospital.

3. *SOCIAL SERVICE*

Social service is of considerable value in helping the psychiatrist gather additional information and in aiding him in the correction of social and economic difficulties. The accepted policy in our Department of Psychiatry is for the social worker to carry out investigations and discussions with patients and relatives only according to the physician's instructions. Psychotherapy is considered strictly a medical procedure, and the social worker, therefore, is not supposed to practice it. A brief review of the functions of the social worker will demonstrate the important aid which a well-organized Social Service Department offers to the Psychiatric In- and Out-Patient Departments.

In an out-patient department for adults the social worker obtains for the psychiatrist valuable additional information by contacting relatives, employers, and social agencies. Advice is offered to the family as to how to carry out the physician's recommendations. Employment, financial assistance, better housing, and opportunities for special training may be secured. Patients who for various reasons cannot be treated in our Out-Patient Department are assisted in receiving the desired treatment elsewhere. Acting as liaison officer, the social worker transmits necessary information to various agencies.

In the children's division of the Psychiatric Out-Patient Department, the social workers secure pertinent facts through interviews with parents and through supplementary reports



WOOD CRAFT AND METAL WORK IS POPULAR IN THE
OCCUPATIONAL THERAPY DEPARTMENT



THE STUDIO IS ONE OF THE ATTRACTIVE ROOMS
IN THE OCCUPATIONAL THERAPY GROUP

from schools and social agencies. They attend to referrals to a specific school, camp, nursery school, settlement, and various children's organizations. The personal contact which is established with schools and individual teachers is of considerable value. In prolonged treatment, the social worker repeatedly discusses psychiatric recommendations with the parents and offers practical advice in many matters which affect the child's or the parents' health. Treatment extending over a period of years may be carried out with the aid of the social worker who, through her advice, helps the parents to follow the plan of education and living which the psychiatrist has outlined in previous consultations. Intensive case work, involving frequent interviews with the parent and close contact with schools and agencies, is time-consuming but is highly essential. This has been well demonstrated through the activities of two psychiatric social workers who are assigned to the Pediatric In- and Out-Patient Departments.

This year 771 patients were referred to the social worker, i.e., 72 per cent of the total number of patients treated in the Psychiatric Out-Patient Department. This group includes 536 adults and 235 children. Of the 4,347 interviews necessary, 1,504 were discussions with psychiatrists regarding the patients, 878 were discussions with patients, and the remaining 1,965 discussions with relatives and agencies. It is of interest to note that in the adult group, the greatest efforts were directed to cooperative service with social agencies and the gathering of additional information for the psychiatrist. A large number of interviews was held with patients to study their socio-economic situations and needs. With the aid of funds from The New York Hospital it was possible to send 18 children to camps which had been selected for therapeutic reasons. The results obtained made this expenditure well worth while.

There is a wide-spread belief that social service is important for helping only the underprivileged. This impression

is erroneous. In the past year the social workers have been of valuable assistance to an increasing number of in-patients of the Payne Whitney Clinic. Considerable aid was offered in outlining a healthy life for patients who leave the hospital by giving them information for suitable recreational facilities, by finding opportunities for volunteer work, and by offering advice about the possibilities for specific training in various educational institutions. In most cases, these results were obtained through the discussion of various possibilities by the psychiatrist with the social worker. A few in-patients had interviews with the social worker. It is hoped that these contacts will increase in future years, thus leading to a constructive study of the many factors which occur in the lives of patients and which should be modified.

4. *PSYCHIATRIC SERVICE TO THE GENERAL HOSPITAL*

Medical-Psychiatric Service In last year's report we expressed the hope that the appointment of a full-time Attending Psychiatrist as consultant to the general hospital would lead to an extension of psychiatric service. This hope has been completely fulfilled. The results are best seen in the consultations in the medical pavilions where during this year 254 patients have been studied in 746 visits. Most of these visits were for therapeutic purposes and relatively few for aid in establishing the diagnosis. The resident medical staff has become accustomed to considering personality factors in any physical disorder and to recognizing the need for combined medical-psychiatric treatment. This interest of the internist, together with his increasing ability to treat minor psychiatric disorders is one of the most gratifying developments. One might well express the expectation that in not too distant a future a skillful personality study will be done by the internist on all patients in whom it is indicated, and general psychiatric treatment will be administered. This sound, close relationship of the De-

partments of Medicine and Psychiatry also expresses itself in combined clinical research work and teaching.

It has become obvious that few cases need to be transferred to a psychiatric in-patient department. Most patients can be treated on the medical pavilions or, after discharge, in ambulatory practice. There is, however, a considerable number of patients who would benefit greatly by prolonged study and treatment under a psychiatrist and internist in the general routine life of a psychiatric in-patient department. To this group belong patients who suffer from various physical disorders which are greatly influenced by accompanying emotional and psychoneurotic disorders. This need for a so-called psychosomatic unit is also increasingly recognized in other medical centers.

It is interesting to note the great variations of personality disorders in the several medical pavilions. In the two pavilions for general medical patients, 26 per cent of all the patients were seen by the psychiatrist, on the pavilion for chronic infections, 13 per cent, and on the pavilion for acute infections, 9 per cent.

*Pediatric-
Psychiatric
Service*

For some time it has been considered desirable to assign a full-time psychiatrist to the Pediatric In-Patient Department to study emotional influences on the physical condition of children, the child's reaction to separation from his parents, and his reaction to the hospital environment. We were fortunate in obtaining the services of Dr. Milton J. E. Senn, Associate Attending Pediatrician and Assistant Professor of Pediatrics, who spent a year in psychiatric training at the Westchester Division and a year in child psychiatry in Philadelphia. The results of his consultative work during the past six months have been most encouraging. As a pediatrician with psychiatric training, he is well qualified to develop the graduate training of pediatricians in the pertinent methods and treatment of personality

reactions in children and parents. During this year, 96 children have been seen in the Pediatric pavilions in 185 visits. A full-time psychiatric social worker is occupied in obtaining additional data from parents, home, and schools.

In the entire general hospital, 457 patients have been seen by the psychiatric consultants in 1,160 visits which include 703 revisits. These revisits are an indicator of the treatment administered by the psychiatrist himself. With his advice, however, much additional treatment is carried out by the resident staff of the various clinical departments.

5. EDUCATIONAL AND INVESTIGATIVE ACTIVITIES

Education No essential change has occurred in the graduate teaching. We are fortunate in being able to select from a large group of well-trained applicants physicians who, from the point of view of their personal suitability, promise to develop into good psychiatric clinicians. Various members of the senior staff offer well-planned instruction in methods of examination, in conducting psychiatric interviews, in administering psychotherapy, in somatic investigations and treatment, and in the general psychiatric routine of the clinic. Efforts are made to train assistant residents in the management of individual floors. This will lead them to understand the reactions of individual patients on each other in the setting of the well-planned group life which each floor presents. In daily conferences the whole resident staff reviews the activities of the entire In-Patient Department. Clinical staff meetings are utilized to discuss individual patients with attention focussed on interesting diagnostic, therapeutic, psychopathological, somatic, sociological, or investigative aspects. One staff meeting a week is open to the out-patient and attending staffs. It is hoped that members of the general hospital staff will become interested in attending this staff meeting. Each Thursday afternoon a research meeting is held at which current investigations of the members of the group are presented.

The graduate teaching in psychiatry of the members of the medical and pediatric staffs has been continued as previously. Informal discussions of individual patients and joint medical-psychiatric and pediatric-psychiatric treatment have proved to be of great educational value. In addition, the psychiatric consultants have been invited by the various clinical departments to participate in the rounds at which patients with personality problems are presented. Monthly staff meetings in the Medical Out-Patient and the Pediatric In-Patient Departments are devoted to psychiatric aspects. The consistently good attendance by the members of these departmental staffs demonstrates the desirability of joint meetings. The aspects of the mental hygiene of childhood and adolescence are discussed in lectures in the Department of Preventive Medicine and Public Health of Cornell University Medical College.

Changes in the Pediatric In- and Out-Patient Departments have been mentioned previously. They are the outgrowth of the educational program which has been so generously supported by the Commonwealth Fund. Our deep appreciation should be expressed at this time to the officers of the Commonwealth Fund for the freedom of action which they have allowed us in this development which led to considerable deviation from the original program. It has resulted in this past year in the extension of psychiatric education into the Pediatric In-Patient Department and an integration of the activities in the Pediatric and Psychiatric Out-Patient Departments. It seems to us that the basis is now laid for graduate education in child psychiatry for pediatricians as well as for psychiatrists.

In the teaching of the students of the Cornell University Medical College no changes have occurred. Through the courtesy of Dr. Merriman, the Superintendent of the Manhattan State Hospital, that hospital's excellent teaching facilities were again made available. With the cooperation of the

clinical departments of The New York Hospital, psychiatric teaching is given extensively in the general hospital, especially in the medical pavilions.

The undergraduate and graduate teaching of nurses is carried out through lectures, seminars, and individual discussions by the medical and nursing staffs. In contrast to the teaching in the medical college, psychiatric lectures still play a major role. It is to be hoped that these lectures will gradually be changed to seminars in which the students may actively participate and that increasing attention be given to theoretical background which makes for sound nursing education. This would not mean less instruction, but rather a better oriented teaching by the psychiatric staff. Several lectures on current clinical research work have been given. Without the splendid cooperation of the nurses our clinical research work could not have been effective.

*Internal Medical
Laboratory
Division* Two important developments have been started this year. One wing on the laboratory floor in the Payne Whitney Clinic has been opened for general medical, biochemical, and pharmacological investigations. Dr. Ade T. Milhorat, Assistant Attending Physician and Assistant Professor of Medicine in the Department of Medicine, has joined our staff as a full-time member. With his training and interest in physiology, biochemistry, and pharmacology he is an especially well-qualified internist to be attached to a psychiatric clinic. His appointment will not lead to a separation from the Medical Department, but to a closer working together. By his being the main consultant to our resident staff, a valuable extension of our graduate training has become possible. The great variety of somatic findings in our patients are minutely studied. This has resulted in some changes in the physical study of patients. Investigations which will permit us to proceed with the pharmacological treatment of marked excitements in some patients have been started.

*Neurological
Laboratory
Division*

The second important development is the assignment of another wing of the laboratory floor to the neurological group. Dr. Harold G. Wolff, trained in neurology and psychiatry, has been interested in the influence of the patient's personality on neurological functions and disorders. His investigations are of fundamental importance in neurology and psychiatry, and in the field of psychosomatic relationship, i.e., the influence of somatic and psychological functions in illness and health.

During the past year electroencephalographic studies have proved to be valuable in determining the diagnosis of convulsive disorders. Patients have been referred from the In-Patient Department of the Payne Whitney Clinic and from the Departments of Medicine, Surgery, and Pediatrics. In retarded children and in children with behavior disorders, the possibility of a damaged brain can be established. This knowledge may influence the treatment. In several patients the electroencephalogram has been the means of distinguishing hysterical and psychogenic attacks from epileptic convulsions. It can be predicted that the usefulness of electroencephalographic studies will increase considerably in future years, and that our knowledge of the functions of the brain will be advanced by this type of research.

The research work in the groups of Dr. Milhorat and Dr. Wolff is supervised by the Departments of Medicine and Psychiatry. In order to allow a full utilization of these facilities in the training of the resident staff, an enlargement of the resident staff becomes most important.

*Psychological
Division*

In the Subdepartment of Psychology, research work has been directed toward investigations of thinking and memory in schizophrenic and confused patients. Although because of Dr. Cameron's resignation last October some planned experiments have not been

started, others have continued uninterruptedly. Under the instruction of the psychologist, the members of the resident staff are carrying out the essential psychological tests on their patients. Experiments on monkeys to produce states of tension, comparable to that in human beings, are progressing satisfactorily.

In the Nursery School the first phase of the investigations has been finished and the results are ready for publication. Valid methods of observation of the child's behavior in the age group of two to five years, as well as the automatic recording of experimental child play have been established. The results will be of considerable importance in the therapeutic use of child play in the child psychiatry of this age group. By means of this experimental set-up it has also become possible to demonstrate fundamental differences in the apparently similar thinking of small children and of schizophrenic disorders of late childhood. At present, minor disorders of speech manifest under the influence of emotional excitement are investigated in our Nursery School. The support of the Child Neurology Research (Friedsam Foundation) has made these studies possible.

*Clinical
Investigations*

Clinical investigations have been pursued along various lines. The history room index is of great value for this research. Studies on disorders of thinking and memory are ramifications of research in the problems of fear and tension. Other clinical studies are directed to the evaluation of religious factors in personality disorders and of the psychological and sociological factors in late-life illnesses. Research work on starvation in relation to diet and endocrinological features are continued. A survey is being carried out in the medical pavilions to determine the frequency and the depth of depressive moods in physically ill patients. In children the roles of emotional factors on diabetes and of faulty bowel training on consti-



THE GYMNASIUM IS THE CENTER OF MANY
RECREATIONAL ACTIVITIES

pation are investigated. Studies in asthma and in the development of prematurely born children are continued. Biochemical research work has been started in depressed and agitated patients, and metabolic studies of muscular fatigability are being undertaken.

The Department of Psychiatry was invited to join with the Departments of Public Health and of Medicine, and the Community Service Society, in a study of the family in relation to sickness and health care. This study, supported by the Josiah Macy, Jr. Foundation, is intended to obtain data on psychobiological factors in health and family life. The family was selected as the most important sociological unit. These combined investigations of internist, psychiatrist, and social worker, guided by well-established scientific principles of public health, will establish factual material in the much disputed field of socio-economic influences on health. It also represents a carefully planned approach from the point of view of mental hygiene.

Library

The outlined educational and investigative activities are greatly facilitated by a well-equipped departmental library. One hundred eighty-nine single volumes and 151 bound periodicals were added. The library now consists of 1,667 books and 1,489 volumes of bound periodicals. The expansion closely follows the general development of the department. During this year new books and periodicals were therefore added in the fields of anthropology, sociology, and psychosomatic medicine. Through a legacy from Mr. Carl W. Stern, it has become possible to add further rare books to the historical collection. Many of these books are of interest not only to psychiatrist and neurologist, but also to the student of the history of medicine in general. It is a pleasure to note the free use of the library by members of the hospital and college staffs and by students of the medical college.

Addresses and Publications At the meeting of the New York Society for Clinical Psychiatry at the Payne Whitney Clinic, papers illustrating treatment on patients in the Psychiatric In- and Out-Patient Departments and on the medical pavilions were presented by Drs. LaMar, Dunn, and Ripley. At the annual meeting of the American Psychiatric Association a contribution was read by Dr. Ripley; Dr. Diethelm and Dr. Cameron were the discussants of several papers. Dr. Cameron participated in the annual meeting of the American Psychological Association.

The following articles were published:

1. BENTON, ARTHUR L., and HAGMANN, FRANK A.: Psychometric Test Results in Two Cases of Precocious Puberty, *Journal of Genetic Psychology*, 1939, 54, 455-456.
2. CAMERON, NORMAN: Deterioration and Regression in Schizophrenic Thinking, *Journal of Abnormal and Social Psychology*, 1939, 34, 265-270.
3. CAMERON, NORMAN: Schizophrenic Thinking in a Problem-solving Situation, *Journal of Mental Science*, 1939, 85, 1012-1035.
4. DIETHELM, OSKAR: An Historical View of Somatic Treatment in Psychiatry, *American Journal of Psychiatry*, 1939, 95, 1165-1178.
5. DIETHELM, OSKAR: Fifty Years of Psychiatry and Neurology, *Journal of Nervous and Mental Disease*, 1939, 89, 409-418.
6. DIETHELM, OSKAR: The Role of Physiotherapy in Psychiatric Treatment, *Physiotherapy Review*, 1939, 19, 321-325.
7. GREENACRE, PHYLLIS: Surgical Addiction—A Case Illustration, *Psychosomatic Medicine*, 1939, 1, 325-328.

8. HUSCHKA, MABEL: Management of Problems Related to the Child's Fear of Dental Procedures, *Journal of the Second District Dental Society*, 1939, 24, 446-449.
9. JAMEISON, GERALD R., and MCNIEL, EDWIN E.: Some Unsuccessful Reactions with Psychoanalytic Therapy, *American Journal of Psychiatry*, 1939, 95, 1421-1448.
10. MCNIEL, EDWIN E.: The Psychiatric Patient's Family. Problems and Management in a Treatment Hospital, *American Journal of Psychiatry*, 1939, 95, 923-942.
11. PAPANICOLAOU, GEORGE N.; RIPLEY, HERBERT S., and SHORR, EPHRAIM: Suppressive Action of Testosterone Propionate on Menstruation and Its Effect on Vaginal Smears, *Endocrinology*, 1939, 24, 339-346.
12. RAHMAN, LINCOLN; RICHARDSON, HENRY B., and RIPLEY, HERBERT S.: Anorexia Nervosa with Psychiatric Observations, *Psychosomatic Medicine*, 1939, 1, 335-365.
13. RUSSELL, WILLIAM L.: Measures Governing the Qualifications for Appointment, Training and Tenure of Those Employed in the Public Care of the Mentally Ill, in *Mental Health*, Publication No. 19 of the American Association for the Advancement of Science, 1939.

CHANGES IN THE MEDICAL STAFF

With the beginning of the academic year, Dr. Harold G. Wolff joined our staff, taking charge of the Neurological Laboratories. In the fall, Dr. Ade T. Milhorat assumed charge of the Internal Medical Laboratories. Both physicians kept their connections in the Department of Medicine. Dr. Milton J. E. Senn, returning from a two years' leave of absence from the Department of Pediatrics, assumed his duties as a member of the pediatric and psychiatric staffs on

July first. The new members of the resident staff are Drs. H. Edward Beaghtler, Roberta Crutcher, Stephen W. Ranson, Jr., and Saul M. Small.

Dr. George W. Henry assumed private practice in New York City. By retaining a part-time connection with our department, Dr. Henry will be able to continue his extensive clinical research work and also participate in graduate teaching. Dr. Mabel Huschka began private practice in child psychiatry in New York City, continuing her graduate teaching in the Department of Pediatrics on a part-time basis.

Dr. Norman Cameron resigned from our staff to accept the appointment of Professor of Psychology at the University of Wisconsin. Dr. Arthur L. Benton left last spring to join the faculty of the College of the City of New York. Dr. Ruth E. Jaeger entered into private practice in New York City at the termination of her period of residency.

FINANCIAL COMMENTS

The income of the department, derived from patients' charges, non-operating income, and grants from the Commonwealth Fund and the Child Neurology Research (Friedsam Foundation), has been sufficient for the current expenses during the year. However, as in former years, the majority of patients accepted for treatment were not able to pay the actual cost to the hospital. The continuation of this policy makes it difficult to develop the department further unless additional contributions are obtained. Funds are especially needed for psychosomatic studies and for child psychiatry. Through lack of adequate financial support, research work is greatly curtailed and continuous investigations covering a period of years can be carried out to only a limited extent.

CONCLUSIONS

We wish to express our gratitude for the cooperation and service rendered to the Department of Psychiatry by the med-

ical and nursing staffs and by the members of the personnel. With the assistance of the Heads of the various Departments of The New York Hospital and Cornell University Medical College and the members of their staffs, highly capable aid was secured for the study and treatment of our patients as well as for our clinical and laboratory investigations. Our appreciation is especially due the Heads of the Clinical Departments for their permission to carry out psychiatric teaching on various pavilions. The constant aid and untiring cooperation of the administration of The New York Hospital have been of great worth.

We wish to thank the members of the Payne Whitney Psychiatric Committee for their continued active interest and valuable advice.

Respectfully submitted,

(Signed) OSKAR DIETHELM
Psychiatrist-in-Chief

(Signed) GERALD R. JAMEISON
*Associate Psychiatrist
and Medical Director*

TABLE I

MOVEMENT OF POPULATION OF THE PAYNE WHITNEY
PSYCHIATRIC CLINIC
For the Year 1939

	<i>Men</i>	<i>Women</i>	<i>Total</i>
Patients in residence, December 31, 1938..	23	53	76
Admitted	67	149	216
Average daily census	21.6	48.4	70
Total patients treated	90	202	292
Discharged	69	144	213
To self	16	10	26
To relatives and friends	35	98	133
To New York Hospital — Westchester Division	13	16	29
Transferred to other hospitals.....	5	15	20
To main hospital .....	..	2	2
Died .....	..	3	3
Discharged against advice	12	30	42
Results:			
Recovered	7	13	20
Much improved	15	28	43
Improved	32	73	105
Unimproved	15	27	42
Died .....	..	3	3
Remaining December 31, 1939	21	58	79
Capacity of Clinic (Adults)	21	67	88*

* Total bed capacity does not change, but available space for men and women may be increased or decreased depending upon current requirements.

TABLE II

STATISTICAL CLASSIFICATION OF 1939 ADMISSIONS

	<i>Men</i>	<i>Women</i>	<i>Total</i>
I. ORGANIC GROUP			
Psychosis with cerebral arteriosclerosis .....	..	4	4
Senile Psychosis .....	..	1	1
General Paralysis	1	..	1
Psychosis with organic brain disease (neoplasm undetermined) ..	1	..	1
Psychosis with epilepsy (petit mal, depression) .....	..	1	1
	<u>2</u>	<u>6</u>	<u>8</u>
II. TOXIC GROUP			
<i>Psychosis due to Alcohol</i>			
Delirium Tremens .....	..	1	1
Korsakoff's Psychosis	1	2	3
Acute Hallucinosi s	1	1	2
Deterioration with delirium....	1	..	1
	<u>3</u>	<u>4</u>	<u>7</u>
<i>Psychosis due to Drugs</i>.....	..	2	2
III. FUNCTIONAL GROUP			
<i>Manic-depressive Psychosis</i>			
Manic reaction .....	..	15	15
Depressive reaction	7	25	32
Circular type	6	7	13
Mixed type	4	4	8
Stuporous type .....	..	1	1
Hypomanic type .....	..	1	1
	<u>17</u>	<u>53</u>	<u>70</u>
<i>Dementia Praecox (Schizophrenia)</i>			
Paranoid type	6	11	17
Catatonic type	2	14	16
Hebephrenic type .....	..	1	1
Simple type	6	2	8
Mixed type	2	1	3
	<u>16</u>	<u>29</u>	<u>45</u>

TABLE II—cont'd

	<i>Men</i>	<i>Women</i>	<i>Total</i>
<i>Involucional Psychosis</i>			
Melancholia	2	7	9
Paranoid type	<u>2</u>	<u>..</u>	<u>2</u>
	<u>4</u>	<u>7</u>	<u>11</u>
<i>Paranoid Condition</i>	<u>4</u>	<u>7</u>	<u>11</u>
<i>Psychoneurosis</i>			
Reactive depression	4	2	6
Hysterical type .....	..	2	2
Psychasthenia	2	2	4
Anxiety reaction	1	3	4
Mixed type	2	6	8
Hypochondriasis	<u>..</u>	<u>4</u>	<u>4</u>
	<u>9</u>	<u>19</u>	<u>28</u>
<i>Psychosis with Psychopathic Personality</i>			
Depressive reaction	2	7	9
Paranoid episode	<u>..</u>	<u>1</u>	<u>1</u>
	<u>2</u>	<u>8</u>	<u>10</u>
<i>Undiagnosed</i>	<u>..</u>	<u>2</u>	<u>2</u>

IV. WITHOUT PSYCHOSIS

Psychopathic personality	4	1	5
Psychopathic personality (alcoholism)	5	4	9
Acute alcoholism .....	..	1	1
Chronic alcoholism	2	2	4
Morphine addiction .....	..	1	1
Emotional disturbance associated with migraine .....	..	1	1
Epilepsy (petit mal attacks).....	<u>1</u>	<u>..</u>	<u>1</u>
	<u>12</u>	<u>10</u>	<u>22</u>

TABLE III
MOVEMENT OF POPULATION SINCE OPENING OF CLINIC

<i>Year</i>	<i>Number admitted</i>	<i>Number treated during year</i>	<i>Number discharged (including transfers)</i>	<i>Recovered</i>	<i>Improved and Much improved</i>	<i>Unimproved</i>	<i>Transferred to Westchester Division</i>	<i>Transferred to Other Hospitals</i>	<i>Discharged to Self</i>	<i>Discharged to Relatives or Friends</i>	<i>Died</i>	<i>Remaining at end of year</i>	<i>Total patient days for year</i>
1932	67	67	25	1	12	13	1	5	..	20	..	42	
1933	188	230	165	13	99	53	15	10	7	132	1	64	19,151
1934	184	248	185	13	102	67	18	20	19	122	3	63	22,436
1935	235	298	228	21	122	79	28	32	25	130	6	70	22,137
1936	283	353	277	23	178	70	40	33	29	162	6	76	22,708
1937	266	342	284	21	195	66	43	52	15	170	2	58	23,026
1938	267	325	249	24	174	48	37	32	14	161	3	76	23,738
1939	216	292	213	20	148	42	29	20	26	133	3	79	25,575
	1,706	2,155	1,626	136	1,030	438	211	204	135	1,030	24		

